



(This is not the form to use to file for Due Process)

According to 34 C.F.R. § 300.662 (a) an organization or individual may file a signed written complaint under the procedures described in § 300.660-300.661. (b) The complaint must include –(1) A statement that a public agency has violated a requirement of Part B of the Act or of this part; and (2) The facts on which the statement is based. (c) The complaint must allege a violation that occurred not more than one year prior to the date that the complaint is received in accordance with § 300.660(a) unless a longer period is reasonable because the violation is continuing, or the complaint is requesting compensatory services for a violation that occurred not more than three years prior to the date the complaint is received under § 300.660(a).

Although it is not required in order to file a complaint with the Arizona Department of Education/Exceptional Student Services Division, you may use this form and attachment(s) if you believe a public education agency, who is responsible for the provision of special education services, has violated requirement(s) of Part B of the Individuals with Disabilities Education Act (IDEA) Amendment of 1997, its implementing regulations, Arizona Revised Statutes, and/or the Arizona Administrative Code.

PLEASE NOTE: The Arizona Department of Education/ Exceptional Student Services Division is ONLY authorized to investigate allegations regarding special education.

*****PLEASE PRINT CLEARLY OR TYPE*****

Name of Student(s): _____ DOB____/____/____
First Last

First Last DOB____/____/____

Name(s) of Parent(s) or Guardian: _____
First Last

First Last

Address: _____ City: _____ State: _____ Zip: _____

Phone Numbers: Home (____) _____ Work (____) _____ Alternate (____) _____

Name(s) of Complainant: *(if different from above)* _____
First Last

Address: _____ City: _____ State: _____ Zip: _____

Phone Numbers: Home (____) _____ Work (____) _____ Alternate (____) _____

Name of Charter School or District this complaint is regarding: _____

Name of School Student is currently attending: _____

Signature of person(s) filing complaint: _____ **Date:** _____

The following page is designed for you to provide this office with information needed in order to accurately process your complaint. Please complete one form per allegation.

Total number of allegations attached: _____

Questions concerning this form or the complaint process may be addressed by contacting:

Arizona Department of Education, Exceptional Student Services

Attn: Dispute Resolution Coordinator

1535 West Jefferson Street, Phoenix, Arizona 85007

Telephone: (602) 542-3084 FAX: (602) 364-0641

www.ade.az.gov/ess/dispute

****Please send copies of any relevant documents and the completed forms to the above address**

Please complete one form per allegation. If more space is needed, write on the back of this form.
Name of Student(s): _____ Allegation Number: _____

1. What is the alleged violation?

2. What are the facts or evidence on which the allegation is based?

3. What are significant dates and events that may be relevant to this allegation?

4. What documents should be reviewed regarding this allegation?

5. What ideas do you have for how the issue stated in (1) could be resolved?

Please complete one form per allegation. If more space is needed, write on the back of this form.

Name of Student(s): _____

Allegation Number: _____

1. What is the alleged violation?

2. What are the facts or evidence on which the allegation is based?

3. What are significant dates and events that may be relevant to this allegation?

4. What documents should be reviewed regarding this allegation?

5. What ideas do you have for how the issue stated in (1) could be resolved?

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